

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)

Attorney's Docket No.
5394-3

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND SYSTEM OF CORRECTING SPECTRAL DEFORMATIONS IN THE VOICE,
INTRODUCED BY A COMMUNICATION NETWORK**

The specification of which (check only one item below)

☐ is attached hereto

☒ was filed as United States application

Serial No. 10/723,851

on November 25, 2003

and was amended

on __ (if applicable).

☐ was filed as PCT international application

Number

on

and was amended under PCT Article 19

on __ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.


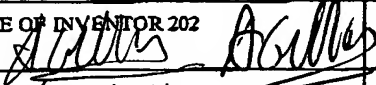
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN/PCT APPLICATIONS AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Country (if PCT, indicate "PCT")	Application Number	Date of Filing (day, month, year)	Priority Claimed Under 35 U.S.C. 119	
France	02 51618	11 December 2002	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO

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POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) at <i>Cohen, Pontani, Lieberman & Pavane</i> to prosecute this application and transact all business in the Patent and Trademark Office connected therewith <p style="text-align: center;">Customer number 27799</p>				
Send correspondence to <i>Cohen, Pontani, Lieberman & Pavane</i> at the address for the following customer Number: 27799				Direct Telephone calls to: Thomas Langer (212) 687-2770
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.				
201	FULL NAME OF INVENTOR	FAMILY NAME MAHE	FIRST GIVEN NAME Gaël	SECOND GIVEN NAME
	RESIDENCE, CITIZENSHIP	CITY Paris	STATE OR FOREIGN COUNTRY FRANCE	COUNTRY OF CITIZENSHIP FRANCE
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
204	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
205	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
206	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE, CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

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SIGNATURE OF INVENTOR 201 	SIGNATURE OF INVENTOR 202 	SIGNATURE OF INVENTOR 203
DATE 14/04/04	DATE 9/04/04	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE
Additional inventor(s) name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		